



## **OFFICE OF INFORMATION SERVICES**

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**DATE:** September 20, 2006

**TO:** All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and  
Demonstration Organizations Systems Staff

**FROM:** Henry Chao, /s/  
Deputy Director, Information Services Design and Development Group

**SUBJECT: COB File Transmission Issue Correction**

CMS has recently identified an issue that prevented Plans from receiving Other Health Insurance (OHI) updates via the receipt of a Coordination of Benefits (COB) file. A COB file is sent to a Plan whenever there are OHI data changes for any beneficiary enrolled in the Plan. As a result, some Plans may receive COB files with each processing cycle and some Plans may receive only an occasional file.

In order to ensure the integrity of the COB data that Plans have received in recent weeks, CMS will reprocess and resend all COB files since June 16, 2006. It is important that Plans apply these updates to their system in the proper order; the file names will reflect the date and time stamp of each file's creation and therefore processing order.

Plans should be prepared to accept up to 58 files as a result, and must process them according to the date/time stamp. In the event that your Plan has already processed a COB file received since June 16, 2006 \*\*(see dates below), you will need to take one of the following actions, depending on how your system is programmed:

- 1) process this group of files, in order, as a complete replacement
- 2) back out the previously received file(s) since June 16, 2006 and then process this group of files in order.

The remittance of the corrected files to Plans will begin on Friday, September 23, 2006 and continue in batches over the next 2-3 days. Given the volume of files to be sent via Connect:Direct to the larger Plans, CMS is strongly recommending that adequate disk space availability is verified prior to the start of this activity. If your plan uses a third party vendor to receive these files, please ensure they coordinate with your plan accordingly to properly process these files.

Once CMS has completed the processing of the historical OHI, Plans should again expect up to one file per cycle.

Plans should promptly load and utilize the OHI acquired or updated in these files on a going-forward basis in accordance with the requirements in the CMS Coordination of Benefits Guidance. In addition, plans should review N1 transactions received to date to determine if any should be reprocessed in light of the new data. Since beneficiaries have a duty to report offline reimbursements, plans should also review any applicable beneficiary submitted information on reimbursements to determine if reprocessing of PDE data is necessary.

**\*\*Plans may have received COB files with the following date stamps in the file name, which should be disregarded, overlaid or backed out in order to ensure order of processing integrity:**

P#MMA.@BGD5050.PLNxxxx.YM**200606**.D**17**.Tttt.C  
P#MMA.@BGD5050.PLNxxxx.YM**200606**.D**21**.Tttt.C  
P#MMA.@BGD5050.PLNxxxx.YM**200606**.D**23**.Tttt.C  
P#MMA.@BGD5050.PLNxxxx.YM**200607**.D**10**.Tttt.C  
P#MMA.@BGD5050.PLNxxxx.YM**200607**.D**14**.Tttt.C

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